

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being sent by facsimile transmission in accordance with § 1.6(d) addressed to Art Unit 1651, Central Facsimile No. (571)273-8300, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Date: January 5, 2006By: Aida Martin

PATENT
Docket No. GC695

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED
CENTRAL FAX CENTER

In re Application of)

Shetty et al.)

Group Art Unit: 1651

JAN 05 2006

Serial No. 10/026,753)

Examiner: Prats, Francisco Chandler

Filed: December 19, 2001)

For: A Process for Hydrolyzing Starch)
Without pH Adjustment)

REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

1. Submission required under 37 C.F.R. § 1.114

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 C.F. R. § 1.116 previously filed on _____.
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.
- iii. ☐ Other _____.
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other _____

695 RCE 01-05-06

U.S.S.N. 10/026,753

Page 2

2. Miscellaneous

a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F. R. § 1.17(i) required)

b. ☐ Other _____

3. Fees The RCE fee under 37 C.F. R. § 1.17(e) is required by C.F. R. § 1.114 when the RCE is filed.

a. ☒ The Commissioner is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 07-1048.

i. ☒ RCE fee required under 37 C.F. R. § 1.17(e)

ii. ☐ Extension of time fee (37 C.F. R. § 1.136 § 1.17)

iii. ☐ Other _____

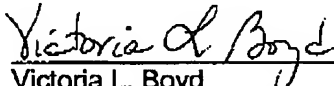
b. ☐ Check in the amount of \$ _____ enclosed

c. ☐ Payment by credit card (Form PTO-2038 enclosed)

Respectfully submitted,

Date: January 5, 2006

Genencor International, Inc.
925 Page Mill Road
Palo Alto, CA 94304-1013
Tel: 650-846-7615
Fax: 650-845-6504


Victoria L. Boyd
Registration No. 43,510